

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: MANCINI, MARIO FERBO
Date of Birth: 02/23/1972
Encounter Date: 12/20/2012 13:21

Sex: M Race: WHITE
Provider: Lepiane, R. MD

Reg #: 11007-041
Facility: ELK
Unit: C03

Procedure encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Lepiane, R. MD

Chief Complaint: Pain

Subjective: Patient was here today for a repeat trigger point injection of his right trapezius area. Patient has persistent neck and right upper back /right trapezius area pains x 4 month. He was lift a heavy box on 09/06/12 and afterward developed neck and upper back pains. Patient has a history of chronic neck pains X 15 years at least. He has been on gabapentin 1100 mg TID and well as Motrin for pain. He had a previous MRI of his C-spine in March 2010 showed mild to moderate cervical spondylosis with multilevel degenerative disc disease. He also had suspected osteophyte disc complexes at C5-C6 and C6-C7 extending toward the right and associated with neural foraminal encroachment at both of these level. However his EMG/NSC study here in Jan 2012 was completely normal. There was no evidence of any cervical nerve root radiculopathy or neuropathy. Patient underwent a previous trigger point injection of his right trapezius on 10/01/12. He has good relief of his pain x 2/12/ month. His pain in his neck and right upper back are now back again over the past x 3-4 days.

Pain Location: Back-Upper

Pain Scale: 8

Pain Qualities:

History of Trauma:

Onset: 6-12 Months

Duration: 2-6 Months

Exacerbating Factors: right trapezius area since Sept 2012. He has an area of trigger point tenderness in his right trapezius area with pains radiating up the right side of his neck.

Relieving Factors:

Comments:

ROS:

General

Constitutional Symptoms

No: Chills, Fatigue, Fever, Night Sweats, Unexplained Weight Loss, Weakness

Cardiovascular

General

Yes: Normal

No: Angina

Pulmonary

Respiratory System

Yes: Normal

GI

General

Yes: Normal

No: Abdominal Pain or Colic, Blood in Stools, Constipation, Diarrhea, Dyspepsia, Nausea, Stools Black, Vomiting

Musculoskeletal



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ROS:**General**

Yes: Low Back Pain, Neck Pain

OBJECTIVE:**Exam:****General****Appearance**

Yes: Appears Well, NAD, Alert and Oriented x 3

Skin

No skin rash or lesions

Head

H.E.E.N.T.--- normal No nasal or sinus congestion No sinus tenderness

Neck**General**

Yes: Supple

No: Lymphadenopathy

Musculoskeletal

Yes: Full ROM, Tenderness, Paravertebral Tenderness on Palpation

Neck---- decrease ROM He has moderate to severe neck pains with movement He has right and left paravertebral tenderness C3 to C7 area R >L No point vertebral tenderness

Pulmonary**Auscultation**

Yes: Clear to Auscultation

No: Crackles, Rhonchi, Wheezing

Cardiovascular**Auscultation**

Yes: Regular Rate and Rhythm (RRR)

No: M/R/G

Peripheral Vascular**General**

Yes: Normal

No: Varicosities, Pitting Edema, Tenderness

Abdomen**Auscultation**

Yes: Normo-Active Bowel Sounds

Palpation

Yes: Soft, Non-tender on Palpation

Musculoskeletal

Right knee --- full ROM no swelling no effusion No laxity No locking He has crepitus and mild to moderate pain with movement There is no localized tenderness

No other joint pains swelling or tenderness

Lower Back ---- full ROM no pains currently

He has a area of trigger point tenderness in his right trapezius ares His pain seem to radiate up to his neck from this area --- I will proceed with a repeat trigger point injection of this area today

Neurologic

Intact No deficits Strength 5/5 throughout No cervical radicular symptoms--- EMG/NCS in Jan 2012 was completely normal

ASSESSMENT:

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Description	ICD9	Status	Status Date	Progress	Type
Neck pain, cervicalgia	723.1	Current	08/18/2011	Not Improved/Same	Chronic

Health Problem Comments:

chronic neck pain

His CT scan of his neck shows marginal,osteophytes He has prominent osteophyte formation at right C5-6 and right C6-7 associated with neural foraminal encroachment. EMG IS NORMAL.

Diagnosis Comments:

He has an area of trigger point tenderness in his right trapezius area He agrees to a repeat cortisone injection of this area today

PLAN:**New Medication Orders:**

Rx#	Medication	Order Date	Prescriber Order
	predniSONE Tablet	12/20/2012 13:21	20 mg tabs Taper Orally daily x 16 day(s) -- take 3 tabs daily for 4 days then 2 tabs daily for 4 days then one tab daily for 4 days then 1/2 tab daily for 4 days then stop # 26 tabs

Indication: Neck pain, cervicalgia**One Time Dose Given:** No**Procedures****Therapeutic/Diagnostic Injection**

Anesthesia

1% Lidocaine without epinephrine, ML 1 cc

Procedure : Trigger point cortisone injection (Kenalog & lidocaine 1 %) of his right upper back right trapezius area at the spot of maximum tenderness

The procedure was explained to him He understood and signed the consent form

A time-out was given

The point of maximum tenderness in his right trapezius area was identify and marked This area was prepped with an alcohol pad This area was injected with 2 cc (80 mg Kenalog) plus 1 cc of lidocaine 1%

No complication Patient had a decrease in his pain following the injection

Disposition:

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
12/20/2012	Counseling	Plan of Care	Lepiane, R.	Verbalizes Understanding

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Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Lepiane, R. MD on 12/20/2012 16:55